



Community Development Block Grant 2004 CLARK COUNTY PROJECT PROPOSAL

1. TITLE: _____

2. PROJECT SPONSOR: _____

Name _____

Address _____

Contact Person _____

Title _____

Phone/FAX Numbers _____

Signature _____

FOR STAFF USE ONLY:

Project No. _____

Date Received _____ Time _____

Eligible ☐ Yes ☐ No

Qualifying CDBG Regulation
24 CFR 570.

Primary Objective

☐ Serves Low/Mod

☐ Slum/Blight

SUMMARY OF PROBLEM: (1-2 sentences) _____

SUMMARY OF PROJECT SOLUTION: (1-2 sentences) _____

3. **FUNDING CATEGORY APPLICANT IS APPLYING FOR** (*matrix attached to Instructions*)

☐ **INFRASTRUCTURE**
Parks & Recreation Facilities
Street Improvements
Sidewalk Improvements
Acquisition

☐ **SOCIAL SERVICE**
Community Facility
Economic Development
Handicapped Accessibility
Acquisition
Homeowner Assistance Program
Rehabilitation

4. **PROJECT COST**

Total CDBG dollars requested: \$ _____ (*MAXIMUM \$300,000*)

Total value of other resources: \$ _____

TOTAL PROJECT COST: \$ _____

5. PROJECT BENEFIT

Service Area: Census Tract(s) _____

Project Location: (*street address*) _____

Behind SECTION A, provide a detailed map that shows project site and defines service area.

A. LIMITED CLIENTELE BENEFIT

- Total Number of Low and Moderate-Income Persons directly served.
- Cite the source(s) used to derive the figures.
- (1) Number of persons to be served: _____
- (2) Number and Percentage of low and moderate-income persons to be directly served.
_____# _____%

*Joint County/City projects: applicant needs to identify not only the project site, but the number of city residents separate from the county residents who will participate in each specific program area(s).

B. AREA BENEFIT

Total Number of low and moderate-income persons served in area

Census Tract	Block Group	Total Population	Low/Mod Income Population	% Low/ mod Income
Total				

C. SLUM OR BLIGHT

Document if project is located in an identified slum or blighted area. Cite the source(s) used to derive the figures.

- Specify the total number of structures located within the area.
- From the total number of structures within the area, state the number and percentage of those structures that are unsafe.
- From the total number of unsafe structures (#2), state the percentage of unsafe structures that will be addressed by this project.
- Meets the definition of slum, blighted or deteriorated area under state or local law.

6. OTHER INFORMATION

Place documentation behind SECTION B.

7. **PROBLEM STATEMENT** (a) - (b) *30 points maximum - 30% of Total*

8. **SOLUTION STATEMENT** (a) - (b) *20 points maximum - 20% of Total*

a. (Describe solution)

b. (Describe tasks, timeframe, and milestones, and use of CDBG Funds).

c. (Acquisition information)

9. **COORDINATED EFFORT** *9 points maximum - 9% of Total*

10. DISPLACEMENT/RELOCATION (-30) to 0 points maximum -0% of Total

11. **HEALTH AND/OR SAFETY** *9 points maximum - 9% of Total*

12. OPERATION AND MAINTENANCE *(No Assigned Points)*

13. CITIZEN SUPPORT *(No Assigned Points)*

14. PROJECT MANAGEMENT CAPABILITY (*No Assigned Points*)

15. BUDGET SUMMARY (No Assigned Points)

PROJECT: _____

BUDGET CATEGORIES	TOTAL PROJECT COST	CDBG FUNDING	OTHER COMMITTED SOURCES OF FUNDS					
			Federal	State	Local / City	County	In-Kind	Other (Specify)
ACQUISITION								
a) Purchase Price								
b) Closing & Recording Costs								
c) Appraisal, Survey								
CONSTRUCTION COSTS								
a) New Construction								
b) Rehabilitation								
c) Infrastructure (Total from FORM F-1)								
d) Architect/Engineering								
DEVELOPMENT COSTS								
a) Insurance – Builders All Risk								
b) Relocation								
TOTAL PROJECT COST								

16. BUDGET NARRATIVE (No Assigned Points)

Match points can total 12 points maximum (12% of total).

17. HOUSING AND/OR COMMUNITY FACILITIES PROPOSALS

Who is the current owner of the proposed site?

Are there current occupants at this site? ☐ Yes ☐ No

HISTORIC SIGNIFICANCE (*if applicable*):

Year structure was constructed:

Original use of structure:

Is structure identified on the National or State Register of historic places?

☐ Yes ☐ No

18. ADDITIONAL INFORMATION

Provide appropriate information where applicable see CDBG 2004 Project Proposal Instructions.

Place additional requested information under the following Sections:

Section A - Detailed Map of project location and service delivery area.

Section B - Pertinent information concerning comprehensive plans, zoning ordinances, Consolidated Plan, etc.

Section C - Rehabilitation and Acquisition documentation.

Section D - Non Profit Information

Subsection 1: Proforma (*see FORM D-1*)

Subsection 2: Financial Statement and/or most recent Audit

Subsection 3: Board of Directors Authorization to Request Funds

Subsection 4: List of Board of Directors and an Organization Chart

Subsection 5: Non-Profit IRS Status

Subsection 6: Articles of Incorporation

Subsection 7: Policies and Procedures

Section E - Citizen Support Documentation

Section F - Engineering/Architect Estimates (*see FORM F-1*)

Section G - Documentation of "In-Kind" Match

Section H - Pictures

SECTION A

Map(s)

(Item 5A)

SECTION B

Plans, Ordinances, Zoning (Item 6)

SECTION C

Timeline (Item 8b)

Rehabilitation & Acquisition (Item 8c)

APPENDIX #3

PROJECT TIMELINE

FORM C-1

PROJECT TITLE									CONTRACT							
SPONSOR																
SHOW MONTH CONTRACT TIME STARTS																
ACTIVITIES	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																

INSTRUCTIONS:

AGENCY _____

1. Show date Contract Time Starts

2. Fill in pertinent items for the contract such as, acquisition, design, bidding, construction, completion

BY _____

3. Show by pencil or color the number and sequence of working days allotted to each item shown.

DATE _____

SECTION D

Non-Profit/Public Meetings Information

(Item 12c & Item 18b)

Subsection 1: Proforma (FORM D-1)

Subsection 2: Financial Statement and/or most recent Audit

Subsection 3: Board of Directors Authorization to Request Funds

Subsection 4: List of Board of Directors and an Organization Chart

Subsection 5: Non-Profit IRS Status

Subsection 6: Articles of Incorporation

Subsection 7: Policies and Procedures

Subsection 8: Public Meetings

FORM D-1**CLARK COUNTY NON PROFIT PROFORMA**

Name of Organization: _____

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Revenue										
Residential Income										
Unit Type/Number/Rent x 12										
Gross Potential Income										
Less Vacancy Rate (___%) (not less than 2%)										
Effective Gross Income										
Operating Expenses										
Insurance										
Heat										
Electric										
Water and Sewer										
Garbage Removal										
Repairs										
Maintenance										
Replacement Reserve (Housing Only)										
Operating Reserve (Housing Only)										
Management										
Total Operating Costs										
Real Estate Taxes										
Net Operating Income										
Debt Service (___% on \$_____ for _____ years)										
CDBG Debt Service (___% on \$_____ for _____ years)										
Cash Flow Per Year										

SECTION E

Citizen Support Documentation (Item 13)

SECTION F
Engineering/Architect
Estimates
FORM F-1
(Item 15c)

FORM F-1

Community Development Block Grant Program Proposal

Engineer's Estimate

Date: _____, 20__

Project Name: _____

City of: _____

Prepared by: _____

Item No.	Description	Est. Quantity	Units	Unit Price	Total Price
1	Mobilization		LS		
2	Maintenance and Protection of Traffic		LS		
3	Demolition, Clearing and Grubbing		LS		
4	Remove A/C Pavement		SY		
5	Earthwork		LS		
6	Subgrade Preparation		SY		
7	Foundation Material		CY		
8	Crushed Surfacing		CY		
9	A.C. Pavement		TN		
10	Cement Concrete Curb		LF		
11	Cement Concrete Sidewalk		SY		
12	Cement Concrete Driveway Approach		SY		
13	Driveway Reconstruction, Gravel		SY		
14	Driveway Reconstruction, A.C.		SY		
15	Adjust Structure to Finish Grade		EA		
16	Storm Drain Pipe		LF		
17	Trench Safety System		LS		
18	Manhole		EA		
19	Catch Basin		EA		
20	Combination Curb Inlet		EA		
21	Connect to Existing Catch Basin		EA		
22	Relocation of Existing Fire Hydrant		EA		
23	Relocation of Signs/Mailboxes		EA		
24	Hydroseeding		LS		
25	Finishing and Cleanup		LS		
26	Other				
	TOTAL				

Construction Budget:

SECTION G

"In Kind" Match

(Item 15)

SECTION H

PICTURES